



**Monroe County Department of Public Health**

Food Protection – Room 1020  
111 Westfall Road/ P.O. Box 92832  
Rochester, New York 14692  
Phone (585) 753-5064 / Fax (585) 753-5013

**DO NOT WRITE IN THIS SPACE** Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Rec. # \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_  
New ☐ Name/Operator Change ☐  
# \_\_\_\_\_ Inspector \_\_\_\_\_  
Former Est. Name \_\_\_\_\_

**APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT**  
**Please complete this form. Print or type all information.**

*Pursuant to part 14-1.190(c) of the New York State Sanitary Code, I / We hereby submit the following information and make application to operate a food service establishment.*

Name of Establishment _____	Number of seats _____
Address _____	
Location: _____ (city, town or village) (state)	Zip _____ Business Telephone _____

**OWNER/CORPORATION NAME** \_\_\_\_\_  
*(Partnership or Corporate Title – if applicable- copy of certificate attached)*

**Billing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Address (Non PO Box)** \_\_\_\_\_ **Home telephone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **E-Mail (optional)** \_\_\_\_\_

Partners' or Corporate Officers' Names & Titles	Home Addresses and Phone Number
_____	_____
_____	_____

**Type of establishment** ☐ Restaurant and/or Tavern ☐ Catering ☐ School or College ☐ Retail Bakery ☐ Delicatessen  
☐ Industrial Food Service ☐ Commissary ☐ Mobile Vending (Provide details on back)

**Operating Days and Hours** \_\_\_\_\_

**Certified Food Worker** (If you do NOT meet the training requirements at time of submission of this application you MUST list the SCHEDULED training dates & the training providers for these workers and MUST submit proof of completion of course to office)

**Name of L1 worker\*** \_\_\_\_\_ **Certification #** \_\_\_\_\_ **exp** \_\_\_\_\_

\* Please attach a copy of certificate. (ServSafe, National Registry, or Prometric)

**Name of L2 worker\*\*** \_\_\_\_\_ **Certification #** \_\_\_\_\_ **exp** \_\_\_\_\_

\*\* Please attach a copy of Level 2 certificate.

**Signed\*\*\*** \_\_\_\_\_ **Date of application** \_\_\_\_\_

\*\*\* Signature must be original, no copies or faxes accepted.

**Print name** \_\_\_\_\_

**2012 Fees:** Bakeries, Commissary, Mobile Units, Delicatessens & Caterers \$225.00

Restaurant Seating 0-25 \$170.00 Restaurant Seating 26-50 \$230.00 Restaurant Seating 51+ \$370.00

**(OVER- CONTINUED ON BACK OF PAGE)**

**Worker's Compensation and Disability Insurance Information**  
**(Proof of insurance is required prior to permit issuance)**

**Workers' Compensation: Check and Submit Certificate with Application**

- ☐ Form C-105.2 – Certificate of Worker's Compensation Insurance (issued by the applicant's insurance carrier); **OR**
- ☐ Form U-26.3 – Certificate of Workers' Compensation Insurance (issued by the State Insurance Fund); **OR**
- ☐ Form SI-12 – Certificate of Workers' Compensation Self-Insurance, **OR**
- ☐ GSI – 105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance

**AND**

**Disability Benefits: Check and Submit Certificate with Application**

- ☐ DB-120.1 - Certificate of Disability Benefits (issued by the applicant's insurance carrier); **OR**
- ☐ Form DB-155 – Certificate of Disability Benefits Self-Insurance

**\*NOTE- WE CAN NOT ACCEPT THE "ACCORD CERTIFICATE OF LIABILITY" AS PROOF OF INSURANCE.**

**When WC/DB coverage IS NOT provided: Check and Submit Certificate with Application**

- ☐ Form CE-200 – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage (Must be submitted with Application if WC/DB coverage is **Not** provided)

**Note:** Applicants will be able to fill out the CE-200 on line at the Worker's Compensation Board's website, [www.wcb.ny.gov](http://www.wcb.ny.gov) (use the CE-200 (12/08)) and print a copy for submission to the Department of Public Health. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Worker's Compensation Board District offices. A local District Office is located at **130 West Main St., Rochester, NY 14614**. The toll free number for the office is **1-866-211-0644**.

**Mobile Food Service Information**

(Fill out if 'Mobile Vending' is checked on Page 1)

**Type of Vehicle** ☐ Motorized ☐ Pushcart ☐ Other (specify) \_\_\_\_\_

**Commissary Name:** \_\_\_\_\_ ☐ Letter

**Where do you plan to set up? (a)** \_\_\_\_\_

**(b)** \_\_\_\_\_

**Check the foods you are planning to serve:**

- ☐ Hot dogs ☐ Hamburgers (commercial pre-formed) ☐ Pre-cooked sausage
- ☐ Pre-cooked chicken ☐ Shaved frozen steaks ☐ Commercial hot sauce

**List any other types of food you would like to be considered for approval of service:**

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